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INTAKE FORM

Name:			Date:
Address:			Zip:
Phone: Home:		Work:	Cell:
Email:			

Date of Birth:

Gender Identity (ex. Male, Female, Transgender Man or Woman, Nonbinary, Decline to Answer, etc.):

Pronouns (ex. She/her, he/him, they/them, etc.):

Occupation:

Education:

Ethnic Background (ex. Irish, Native American, Decline to Answer, etc.):

Religious Affiliation:

Present Living Situation (Where, with whom):

Relationships (Circle): Single / Married / Divorced / Living with Partner / Remarried
Separated / Widowed / Involved but not Living with Partner / Dating

Sexual Orientation (ex. Heterosexual, Bisexual, Gay, Lesbian, Undecided, Decline to Answer, etc.):

Children (Names, ages, gender, and marital status):

Mother (Name, age, occupation, if deceased, year of death):

Father (Name, age, occupation, if deceased, year of death):

Marital Status of Parents (Circle): Married / Divorced (Year _____) / Separated (Year _____)

Siblings (Names, ages, occupations, and marital status):

MEDICAL

Name of Primary Physician:

Date of Last Check-Up:

If applicable:
Menstrual Cycle: Age Menstruation Began:
Regularity of Cycle:
Age Menopause Began:

Any major illnesses, accidents, hospitalizations, or surgeries in the family, including yourself?

Medical issues other than the above that may be impacting your life presently?

If any members are deceased, please explain cause of death and year:

Any history of alcoholism or drug abuse in the family, including yourself?

Do you drink alcohol, or take recreational drugs? If so, how often and how much?

Do you struggle with your eating or your weight? (ex. Undereating, overeating, purging, etc.)

Are you currently taking any medication? If so, what type(s)?

THERAPY

Have you ever been to therapy before? (Dates and with whom)

Are you currently in therapy? (Name, address, phone number, couple, group or individual?)

Have you ever been in the hospital for emotional or mental reasons? (Dates and location of hospitalization)

Did you receive any medication? If so, what type?

Please share additional information on the back or another sheet.